

You must wait a minimum of 14 days from the issue date of the original warrant/check before a request can be submitted. You must return this form, original warrant (if available), **AND** the required documentation listed below. Following our receipt of this information, allow 6 - 8 weeks to receive the replacement warrant or longer if all the required documents are not submitted.

**Reason for Request:**

- ☐ Original warrant was not received
  - ☐ Original warrant is lost or stolen
  - ☐ Original warrant was destroyed or damaged
  - ☐ Original warrant needs name correction
  - ☐ Original warrant is outdated (more than 6 months from the original warrant date)
  - ☐ Taxpayer Deceased (submit copy of death certificate and IRS Form 1310 with any required documentation)
- **If the original warrant has not expired (6 months from issued date), cancelation form is required.** Cancelation form can be found on the Department of Administrative Services (DAS) website: [das.iowa.gov/sites/default/files/acct\\_sae/man\\_for\\_ref/forms/req\\_cancel.pdf](https://das.iowa.gov/sites/default/files/acct_sae/man_for_ref/forms/req_cancel.pdf)

**Required Documentation:**Individuals:

- Copy of current driver's license or state-issued photo ID and proof of current address. For proof you must present two documents that show your current name and current address.

Businesses:

- Proof of Federal ID Number and proof of current address.

Warrant number: \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Payee name(s): \_\_\_\_\_ SSN or tax ID number: \_\_\_\_\_

Current address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ If this is a permanent address change check this box ☐

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I request the original warrant to be stopped and a replacement warrant issued. Should the original warrant come into my possession, I will not attempt to cash it and will return it immediately. Neither I nor anyone on my behalf has deposited or cashed this check.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this affidavit, and, to the best of my knowledge and belief, it is true, correct, and complete.

Signature of payee (or authorized agent): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Payee (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Mailing and Contact Information:**

Fax: 515-281-5830

Email: [IDREFT@iowa.gov](mailto:IDREFT@iowa.gov)

Phone: 800-367-3388 or 515-281-3114

Mail: Iowa Department of Revenue  
Attn: Internal Services – Accounting  
PO Box 10460  
Des Moines, IA 50306-0460